

Office of Administration
Commissioner's Office
 Contract Period July 1, 2015 – June 30, 2016
"Request for Preauthorization for Other Services"

Program: **Alternatives to Abortion**

Contractor: Alliance for Life – Missouri, Inc.

Subcontractor: Bethany Christian Services of Missouri

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name [REDACTED] Date Enrolled 5/17/2016

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
February 27, 2017	Feb Car Insurance Payment	\$99.99	Client works full time but is currently on leave after having her son in December via c-section. She does not have paid maternity leave and needs assistance paying her car insurance. [REDACTED] has maintained her job at Steak n Shake for 7 years and is a very hard worker. She has been committed to her involvement in the A2A program and has been enrolled since May 2016. She has needed very little assistance prior to having her baby and no income coming in due to being on leave. There are no other funding sources available in the area to help with this need.
Amt to be reimbursed		\$99.99	

Authorized person requesting purchase: Aimee Travers Date: Feb 23, 2017

Alliance for Life Program Manager: Carrie Hoelscher

Approved for purchase: Emily Kraft Date 3/1/17

Purchase denied: _____ Date _____

Reason for denying purchase: _____

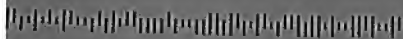


State Farm Payment Plan
P.O. Box 44110
Jacksonville, FL 32231-4110

Past Due Notice

State Farm Payment Plan:
Accountholder Name:

Total Amount Due: \$199.98
Due By: February 28, 2017



Agent Jim Webster
9883 St Charles Rk Rd
Saint Ann MO 63074-2017
Phone: 314-428-3800

Important Information

State Farm cares about the security of your information. We have recently enhanced how customers are verified. You may be asked new questions to verify your identity when you access your account online or call into our contact center.

Changes and payments made after February 9, 2017 will be reflected on a subsequent billing notice.

If you have any questions or would like to discuss other State Farm products, your agent is ready to assist you.


Thank you for letting us serve you!

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Prepared February 9, 2017

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mobile devices

 Mobile
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Pocket Agent app

 Mail
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a check

 Call your Agent: 314-428-3800
Automated Line: 1-800-440-0998
Key code: 5448465531

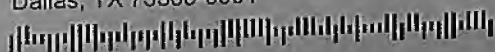
 Walk In
See your
State Farm Agent

If you have moved, please contact your agent.

State Farm

98
February 28, 2017
State Farm

Insurance Support Center
P.O. Box 680001
Dallas, TX 75368-0001



SFPP Bill

\$199.98

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